

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gerard P. Nikodem :  
Serial No.: 10/683,946 : Group No.: 3722  
Filed: October 10, 2003 : Examiner: Monica Smith Carter  
For: METHOD AND APPARATUS :  
FOR NOTIFYING A PERSON :  
OF AN APPOINTMENT :

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Amendment Transmittal (3 pgs.) NO FEE  
Amendment in response to Office Action dated January 22, 2007 and made final (18 pgs.)

**STATUS**

2. Applicant  
 claims small entity status.  
 is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00
third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: \_\_\_\_\_ \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE		ADDITIONAL RATE FEE	
TOTAL INDEP.	MINUS			=		x \$25.00 = \$		x \$50.00 = \$	
	MINUS			=		x \$100.00 = \$		x \$200.00 = \$	
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$	
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

(a)  No additional fee for Claims is required

**OR**

(b)  Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$ \_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

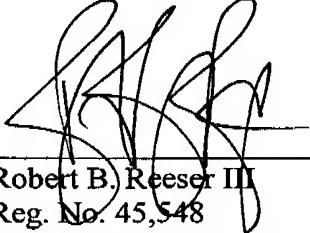
## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:

  
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